PAGE 1 / 40

Image# 201509189002708779

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	or Other Than An Authorized Committee	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼ Example: If typing, type over the lines.	12FE4M5
Americas Health Insura	ance Plans PAC (AHIP PAC)	
ADDRESS (number and street) Check if different	601 Pennsylvania Avenue, NW South Building, Suite 500	
than previously reported. (ACC)	Washington	DC 20004 -
2. FEC IDENTIFICATION NU	IMBER ▼ CITY ▲	STATE ▲ ZIP CODE ▲
C C00106740	3. IS THIS REPORT X (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31 Year-End Report (Y) July 31 Mid-Year Report (Non-electior Year Only) (MY) Termination Report (TER)	2) PRE-Election Report for the: Convention (12C) 3) Election on (d) 30-Day) X Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Non-Election Year Only)
5. Covering Period 08	01 2015 through 08	31 2015
I certify that I have examined thi Type or Print Name of Treasurer	is Report and to the best of my knowledge and belief it is to Charles W. Stellar	rue, correct and complete.
Signature of Treasurer Charl	es W. Stellar [Electronically Filed]	Date 09 18 2015
NOTE: Submission of false, errone Office	eous, or incomplete information may subject the person signing	<u> </u>
Use		FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 08 01 2015 To: 08 31 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		47941.84
	(b) Cash on Hand at Beginning of Reporting Period	67603.60	
	(c) Total Receipts (from Line 19)	16418.46	165248.52
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	84022.06	213190.36
7.	Total Disbursements (from Line 31)	12559.87	141728.17
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	71462.19	71462.19
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	1110 1 0100	
(a) Individuals/Persons Other		
Than Political Committees		00007.00
(i) Itemized (use Schedule A)	11073.24	92267.22
(ii) Unitemized(iii) TOTAL (add	345.22	7981.30
Lines 11(a)(i) and (ii)	11418.46	100248.52
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	5000.00	65000.00
(such as PACs)	7	7 00000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	16418.46	165248.52
Totals to Line 33, page 5) Transfers From Affiliated/Other	10-100	
Party Committees	0.00	0.00
Tary Committeeco	0.00	
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	7	7 7
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		7
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii i dinda (iioiii ocheddie 110)	7	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	16418.46	165248.52
. Total Federal Receipts	16418.46	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ating Expenditures: Allocated Federal/Non-Federal	10.00 11110 1 01100	Calendar real-to-bate
	Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating		
	Expenditures	59.87	228.17
	Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	59.87	228.17
	sfers to Affiliated/Other Party	33.07	220.17
Com	mittees	0.00	0.00
Fede	ributions to eral Candidates/Committees Other Political Committees	12500.00	136500.00
Indep	pendent Expenditures		
	Schedule E)dinated Party Expenditures	0.00	0.00
(2 U. (use	S.C. §441a(d)) Schedule F)	0.00	0.00
Loan	Repayments Made	0.00	0.00
Loan	nepayments wade	0.00	0.00
Loan Refu	s Madends of Contributions To:	0.00	0.00
(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
(b)	Political Party Committees	0.00	0.00
	Other Political Committees		
	(such as PACs)	0.00	5000.00
(d)	Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	5000.00
Othe	r Disbursements	0.00	0.00
Endo	eral Floation Activity (2.11.5.0. \$421/20)		
	eral Election Activity (2 U.S.C. §431(20)) Allocated Federal Election Activity		
. ,	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	Federal Election Activity Paid Entirely		
(a) ·	With Federal Funds	0.00	0.00
(c)	Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total	Disbursements (add Lines 21(c), 22,		
	24, 25, 26, 27, 28(d), 29 and 30(c))	12559.87	141728.17
	Federal Disbursements		
	ract Line 21(a)(ii) and Line 30(a)(ii)	40550 07	144700 47
trom	Line 31)	12559.87	141728.17

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	16418.46	165248.52
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16418.46	160248.52
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	59.87	228.17
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	59.87	228.17

FOR LINE NUMBER: PAGE 6 OF 40 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 20150901153739-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Vice President Americas Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 2025.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 31 2015 City State Zip Code Transaction ID: 20150901153731-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Americas Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 2025.00 Other (specify) Full Name (Last, First, Middle Initial) Tom Amontree Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 80 14 2015 Suite 500, South Building City State Zip Code Transaction ID: 20150901153739-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Business Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 3333.28 Other (specify) 458.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 7 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Tom Amontree Mailing Address 601 Pennsylvania Avenue N.V. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	N. State Zip Code DC 20004 C Occupation Executive Vice President, Business Aff Aggregate Year-to-Date ▼ 3333.28	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Carmella Bocchino Mailing Address 601 Pennsylvania Avenue N.V. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	V. State Zip Code DC 20004 C Occupation Executive Vice President, Clinical Aff Aggregate Year-to-Date ▼ 3333.28	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Carmella Bocchino Mailing Address 601 Pennsylvania Avenue N.V. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	N. State Zip Code DC 20004 C Occupation Executive Vice President, Clinical Aff Aggregate Year-to-Date ▼ 3333.28	Date of Receipt M M M / 31 2015 Transaction ID: 20150901153731-5 Amount of Each Receipt this Period 208.33
SUBTOTAL of Receipts This Page (optional)		624.99
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

			PAGE	8	OF		40		
(check only one)									
×	11a		11b		11c	12			
	13		14		15	16	6		17

	the name and address of any political committee	
Full Name (Last, First, Middle Initial) Dianne Bricker Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	, , , , , , , , , , , , , , , , , , ,	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dianne Bricker Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	N.W. State Zip Code DC 20004 C Occupation Regional Director Aggregate Year-to-Date ▼ 741.72	Date of Receipt M M / D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kathleen Callanan Mailing Address 601 Pennsylvania Avenue Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	N.W. State Zip Code DC 20004 C Occupation Vice President Aggregate Year-to-Date ▼	Date of Receipt 08 14 2015 Transaction ID: 20150901153739-7 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	166.67
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

40

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 31 City Zip Code State Transaction ID: 20150901153731-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1333.28 Other (specify) Full Name (Last, First, Middle Initial) B. Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 08 14 2015 City State Zip Code Transaction ID: 20150901153739-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 1350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 80 14 2015 City Zip Code State Transaction ID: EFA89D70B26C4EF2A15A DC Washington 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 1350.00 Other (specify) 395.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF 40 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 31 City Zip Code State Transaction ID: 20150901153731-9 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 1350.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 08 2015 14 City State Zip Code Transaction ID: 20150901153739-10 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.72 Other (specify) Full Name (Last, First, Middle Initial) Yvonne Chanatry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 31 2015 City State Zip Code Transaction ID: 20150901153731-10 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing С 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Marketing and Graphics Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.72 Other (specify) 270.84 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Rebecca Cole Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 20150901153739-11 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director, Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 656.25 Other (specify) Full Name (Last, First, Middle Initial) B. Rebecca Cole Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 31 2015 City State Zip Code Transaction ID: 20150901153731-11 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director, Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 656.25 Other (specify) Full Name (Last, First, Middle Initial) c. Gregory Dean Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 80 14 2015 Suite 500, South Building City State Zip Code Transaction ID: 20150901153739-13 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Insurance Education** Receipt For: Aggregate Year-to-Date ▼ Primary General 1025.00 Other (specify) 187.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 12 OF Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	AC (AHIP PAC)	
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Exe	tate Zip Code DC 20004 cupation cutive Director Insurance Education gregate Year-to-Date 1025.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Exe	tate Zip Code 0C 20004 cupation cutive VP, Policy & Operations gregate Year-to-Date 3333.28	Date of Receipt 08 14 2015 Transaction ID: 20150901153739-15 Amount of Each Receipt this Period 208.33
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Exercise Exercises	tate Zip Code DC 20004 cupation cutive VP, Policy & Operations gregate Year-to-Date 3333.28	Date of Receipt M M M / D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	479.16

FOR LINE NUMBER: PAGE 13 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 14 OF 40 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and 3 or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ins PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Paul Eiting Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation Deputy Director Aggregate Year-to-Date ▼ 766.72	Date of Receipt 08 27 2015 Transaction ID: 8CB88DCBDE7D4FDAAF0 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Paul Eiting Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	W. State Zip Code DC 20004 C Occupation Deputy Director Aggregate Year-to-Date ▼	Date of Receipt 08 31 2015 Transaction ID: 20150901153731-17 Amount of Each Receipt this Period 41.67
Full Name (Last, First, Middle Initial) Matthew Eyles Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation Executive Director, Policy & Regulator Aggregate Year-to-Date ▼ 2625.00	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)		566.67
TOTAL This Period (last page this line number	only)	

	FOF	R LINE	NU	IMBER	:	PAGE	•	15 OI	F	40
Use separate schedule(s)	(che	eck only	or or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
,g.		13		14		15		16		17

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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Kathryn Gallagher Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	V. State Zip Code DC 20004 C Occupation Policy Analyst Aggregate Year-to-Date ▼ 358.28	Date of Receipt 08 14 2015 Transaction ID: 20150901153739-18 Amount of Each Receipt this Period 20.83
Full Name (Last, First, Middle Initial) Kathryn Gallagher Mailing Address 601 Pennsylvania Ave NW Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation Policy Analyst Aggregate Year-to-Date ▼ 358.28	Date of Receipt 08 27 2015 Transaction ID: 0984B787681F4A5F8538 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Kathryn Gallagher Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	V. State Zip Code DC 20004 C Occupation Policy Analyst Aggregate Year-to-Date ▼ 358.28	Date of Receipt 08 31 2015 Transaction ID: 20150901153731-18 Amount of Each Receipt this Period 20.83
SUBTOTAL of Receipts This Page (optional)	<u> </u>	66.66
TOTAL This Period (last page this line number	only)	9

FOR LINE NUMBER: PAGE 16 OF 40 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Candy Gallaher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 20150901153739-19 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 766.72 Other (specify) Full Name (Last, First, Middle Initial) B. Candy Gallaher Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 31 2015 City State Zip Code Transaction ID: 20150901153731-19 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 766.72 Other (specify) Full Name (Last, First, Middle Initial) c. Candy Gallaher Date of Receipt Mailing Address 1800 Center St 31 2015 City State Zip Code Transaction ID: C6AE7F9D93804DE99520 PΑ Camp Hill 17011-1702 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 766.72 Other (specify) 183.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 17 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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FOR LINE NUMBER: PAGE 18 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Cindy Goff Date of Receipt Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 2015 27 City Zip Code State Transaction ID: EE25F18C460F4FF1879B DC Washington 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Cindy Goff Date of Receipt Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 80 27 2015 City Zip Code State Transaction ID: 9E5F047D8CB14C5CADDA DC Washington 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Cynthia Goff Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 14 2015 City State Zip Code Transaction ID: 20150901153739-21 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation BlueCross and BlueShield of Minnesota **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 1333.28 Other (specify) 583.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Wendy Henson Date of Receipt Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 2015 City Zip Code State Transaction ID: 1EC32EBD75394BB09CED DC Washington 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Wendy Henson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 31 2015 City State Zip Code Transaction ID: 20150901153731-23 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General

260.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joni Hong Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 80 14 2015 Suite 500, South Building City State Zip Code Transaction ID: 20150901153739-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 31.25 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel, Special Proj Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Anderica's Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Joni Hong Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building Cry Annerica's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Burt HudSon Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building Cry Washington Cry Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Burt HudSon Annerica's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Felc ID number of contributing federal political committee. Cry Full Name (Last, First, Middle Initial) Burt HudSon Angling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building Cry Felc ID number of contributing federal political committee. Cry Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Burt HudSon Aggregate Year-to-Date ▼ Felc ID number of contributing federal political committee. Cry Washington Cry Washington Cry Aggregate Year-to-Date ▼ Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt this Period Fec ID number of contributing federal political committee. Cry General Cry Aggregate Year-to-Date ▼ Date of Receipt this Period Fec ID number of contributing federal political committee. Cry General Cry Aggregate Year-to-Date ▼ Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt this Period Fec ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Date of Receipt this Period Fec ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Date of Receipt this Period Fer Date of Receipt thi	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
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Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington EC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Burt Hudson Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington De 20004 FEC ID number of contributing federal political committee. Capacity Sales Suite		ns PAC (AHIP PAC)	
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Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼ Date of Receipt MM M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General	State Zip Code DC 20004 C Occupation Deputy Director, Client Learning Servi Aggregate Year-to-Date ▼	08 14 2015 Transaction ID: 20150901153739-25 Amount of Each Receipt this Period
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NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Erik Komendant Mailing Address 601 Pennsylvania Ave NW Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation Vice President Aggregate Year-to-Date ▼ 1025.00	Date of Receipt 08 27 2015 Transaction ID: D2532FA5B7914B1AA748 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Erik Komendant Mailing Address 601 Pennsylvania Ave NW Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation Vice President Aggregate Year-to-Date ▼ 1025.00	Date of Receipt 08 27 2015 Transaction ID: 7D4233C2E4DD4F1FB8E4 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Clare Krusing Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	W. State Zip Code DC 20004 C Occupation Deputy Press Secretary Aggregate Year-to-Date ▼ 439.62	Date of Receipt M M M
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\	COMMITTEE (In Full) as Health Insurance Plar	ns PAC (AHIP PAC)	
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Clare Mailing Ad City Washingto FEC ID nu federal pol Name of E America's Receipt Fo	dress 601 Pennsylvania Avenue N.V Suite 500, South Building on Imber of contributing litical committee. Employer Health Insurance Plans or:	V. State Zip Code DC 20004 C Occupation Deputy Press Secretary Aggregate Year-to-Date ▼ 439.62	Date of Receipt M M M / D J J 2015 Transaction ID: 20150901153731-28 Amount of Each Receipt this Period 50.00
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FOR LINE NUMBER: PAGE 24 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Crystal Kuntz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 20150901153739-29 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1333.28 Other (specify) Full Name (Last, First, Middle Initial) B. Crystal Kuntz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 31 2015 City State Zip Code Transaction ID: 20150901153731-29 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1333.28 Other (specify) Full Name (Last, First, Middle Initial) c. Courtney Lawrence Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 14 2015 City State Zip Code Transaction ID: 20150901153739-30 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1333.28 Other (specify) 249.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Courtney Lawrence Mailing Address 601 Pennsylvania Avenue N.: Suite 500, South Building City Washington FEC ID number of contributing federal political committee.	W. State Zip Code DC 20004	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Federal Affairs Aggregate Year-to-Date ▼ 1333.28	
Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania Avenue N.V. Suite 500, South Building City Washington	N. State Zip Code DC 20004	Date of Receipt 08 14 2015 Transaction ID: 20150901153739-31 Amount of Each Receipt this Period
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Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.28	
Full Name (Last, First, Middle Initial) Beth Leonard Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City	W. State Zip Code	Date of Receipt M
Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	Occupation Senior Director Public Affairs Aggregate Year-to-Date 3333.28	Amount of Each Receipt this Period 208.33
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NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (AHIP	PAC)					
Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Avenue N.N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip	o Code 004 -Date ▼ 333.28	08 Trans	Receipt 14 action ID::			
Full Name (Last, First, Middle Initial) Holly Macmoran Mailing Address 601 Pennsylvania Avenue N.V. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip	Date ▼	08 Transa	Receipt / 31 action ID : 2 of Each Re			
Full Name (Last, First, Middle Initial) Amber Manko Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)			08 Trans	Receipt / 14 action ID:	A269013		968115
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NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Amber Manko		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.\ Suite 500, South Building	N.	M = M / D = D / Y = Y = Y = Y
City Suite 500, South Building	State Zip Code	08 14 2015 Transaction ID : 20150901153739-34
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.83
Name of Employer	Occupation	
America's Health Insurance Plans	Deputy Director, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	483.28	
Full Name (Last, First, Middle Initial) Amber Manko		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V	V.	M = M / D = D / Y = Y = Y
Suite 500, South Building City	State Zip Code	08 31 2015
Uity Washington	DC 20004	Transaction ID: 20150901153731-34 Amount of Each Receipt this Period
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federal political committee.	C	20.83
Name of Employer	Occupation	
America's Health Insurance Plans	Deputy Director, Federal Affairs	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	483.28	
Full Name (Last, First, Middle Initial) Debi Manning		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.\ Suite 500, South Building		08 14 2015
City Washington	State Zip Code DC 20004	Transaction ID : 20150901153739-35
	- 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
America's Health Insurance Plans	Director of Human Resources	
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Primary General Other (specify) ▼	320.00	
Carol (specify)	320.00	
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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Debi Manning Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 31 City Zip Code State Transaction ID: 20150901153731-35 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director of Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Meyers Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 14 80 2015 City State Zip Code Transaction ID: 20150901153739-38 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Meyers Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 31 2015 City State Zip Code Transaction ID: 20150901153731-38 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 29 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 20150901153739-40 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 31 2015 City State Zip Code Transaction ID: 20150901153731-40 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Martin Mitchell Jr. Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 14 2015 City State Zip Code Transaction ID: 20150901153739-42 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 383.28 Other (specify) 145.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ins PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Martin Mitchell Jr. Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington	W. State Zip Code DC 20004	Date of Receipt 08 31 2015 Transaction ID: 20150901153731-42 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Director Product Policy Aggregate Year-to-Date 383.28	20.83
Full Name (Last, First, Middle Initial) Jay Perron Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	W. State Zip Code DC 20004 C Occupation Vice President Aggregate Year-to-Date ▼ 866.64	Date of Receipt 08 14 2015 Transaction ID: 20150901153739-43 Amount of Each Receipt this Period 83.33
Full Name (Last, First, Middle Initial) Jay Perron Mailing Address 601 Pennsylvania Ave NW Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004-2601 C Occupation Vice President Aggregate Year-to-Date ▼ 866.64	Date of Receipt 08 24 2015 Transaction ID: A659902BE9754C4F92BA Amount of Each Receipt this Period 200.00
SUBTOTAL of Receipts This Page (optional)	•	304.16
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Jay Perron Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 31 City Zip Code State Transaction ID: 20150901153731-43 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 866.64 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 14 2015 City State Zip Code Transaction ID: 20150901153739-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 31 2015 City State Zip Code Transaction ID: 20150901153731-44 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 С federal political committee. Name of Employer Occupation Senior Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 333.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 32 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 20150901153739-46 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation Vice President, Membership America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 333.28 Other (specify) Full Name (Last, First, Middle Initial) B. Ingrid Reeves Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 31 2015 City State Zip Code Transaction ID: 20150901153731-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Membership Receipt For: Aggregate Year-to-Date ▼ Primary General 333.28 Other (specify) Full Name (Last, First, Middle Initial) c. Eric Schultz Date of Receipt Mailing Address 93 Worcester St 80 26 2015 3W City State Zip Code Transaction ID: 92CF2F750D3A438C8BAA MA Wellesley Hills 02481-3609 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 С federal political committee. Name of Employer Occupation President & CEO Harvard Pilgrim Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 2041.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	s PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvania Avenue N.W.	<i>'</i> .	Date of Receipt
Suite 500, South Building City	State Zip Code	08 14 2015
Washington Washington	DC 20004	Transaction ID: 20150901153739-48 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Professional Pr	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	
Full Name (Last, First, Middle Initial) 3. Lisa Shreve		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building City	State Zip Code	08 31 2015
Washington	DC 20004	Transaction ID: 20150901153731-47 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President, Professional Pr	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	
Full Name (Last, First, Middle Initial) C. Charles Stellar		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building		08 / 14 / 2015
City Washington	State Zip Code DC 20004	Transaction ID: 20150901153739-49 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer	Occupation	
America's Health Insurance Plans	Executive V.P.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.28	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of	<u>`</u>	291.67

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 31 City Zip Code State Transaction ID: 20150901153731-48 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 3333.28 Other (specify) Full Name (Last, First, Middle Initial) B. Kristin Stewart Smoot Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 14 2015 City State Zip Code Transaction ID: 20150901153739-50 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation **AHIP** Manager, Special Projects Receipt For: Aggregate Year-to-Date ▼ Primary General 333.28 Other (specify) Full Name (Last, First, Middle Initial) c. Kristin Stewart Smoot Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 31 2015 City State Zip Code Transaction ID: 20150901153731-49 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation AHIP Manager, Special Projects Receipt For: Aggregate Year-to-Date ▼ Primary General 333.28 Other (specify) 249.99 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 35 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 20150901153739-52 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 1483.28 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Van Koevering Date of Receipt Mailing Address 107 Chocolay Downs Drive 80 27 2015 City State Zip Code Transaction ID: E485A44E93DE45C7898B MI Marquette 49855-9542 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 1483.28 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 80 31 2015 City State Zip Code Transaction ID: 20150901153731-51 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 1483.28 Other (specify) 316.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kristi Wick Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2015 City Zip Code State Transaction ID: 20150901153739-53 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Digital Media Coordinator Receipt For: Aggregate Year-to-Date ▼ Primary General 358.28 Other (specify) Full Name (Last, First, Middle Initial) B. Kristi Wick Date of Receipt Mailing Address 601 Pennsylvania Ave NW Suite 500, South Building 08 27 2015 City Zip Code State Transaction ID: 00BF0221A325492AB20C DC Washington 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Digital Media Coordinator Receipt For: Aggregate Year-to-Date ▼ Primary General 358.28 Other (specify) Full Name (Last, First, Middle Initial) c. Kristi Wick Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 80 31 2015 Suite 500, South Building City State Zip Code Transaction ID: 20150901153731-52 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Digital Media Coordinator Receipt For: Aggregate Year-to-Date ▼ Primary General 358.28 Other (specify) 66.66 SUBTOTAL of Receipts This Page (optional)..... 11073.24 TOTAL This Period (last page this line number only).....

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 OF 40 (check only one) 11a 11b X 11c 12 13 14 15 16 17
	ny information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (AHIP PAC)	
B.	Full Name (Last, First, Middle Initial) Independence Blue Cross PAC (IBC F Mailing Address 1901 Market Street City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Independence Blue Cross PAC (IBC Mailing Address 1901 Market Street City Philadelphia FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) General Other (specify) General Other (specify)	State PA C Coo Occupation Aggregate PA C Coo Occupation	Year-to-Date ▼ 5000.00 Zip Code 19103	Date of Receipt Mark
— С.	Full Name (Last, First, Middle Initial)			Date of Receipt
U.	Mailing Address			Mam / Dad / Yayayay
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			5000.00

TOTAL This Period (last page this line number only).....

5000.00

SCHEDULE B (FEC Form 3)		FOR LINE	NUMBER: PAGE 38 OF	= 40
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Orlean army	•	
	Detailed Summary Page	21b	22 X 23 24 25 28c 29	26 30b
	1.00			
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NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,			
Americas Health Insurance P	Plans PAC (AHIP PAC)			
/ Timeneds Ficality insurance i				
Full Name (Last, First, Middle Initial)				
A. Blaine for Congress			Date of Disbursement	
Mailing Address PO Box 1025			08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	7
Mailing Address FO Box 1025			08 07 2013	-
City	State Zip Code		T	0040
Jefferson City	MO 65102		Transaction ID: 96F1074DCF61744	9818
Purpose of Disbursement 2016 Primary		011		
Candidate Name		011	Amount of Each Disbursement this Pe	riod
W. Blaine Luetkemeyer		Category/	500.0	00
	Disbursement For: 2016	Type		
Senate	Primary General			
President	Other (specify) ▼			
State: MO District: 03				
Full Name (Last, First, Middle Initial)				
B. Courtney for Congress			Date of Disbursement	
Moiling Address DOD 1070			M = M / D = D / Y = Y = Y	7
Mailing Address PO Box 1372			08 31 2015	-
City	State Zip Code			
Vernon	CT 06066		Transaction ID : C6F88FAFE9C5736	34C/9
Purpose of Disbursement Redesignation of 7/9/2015 contribution from	n 2016 Primary to 2016	244		
Candidate Name	11 20 10 1 1111lary to 20 10	011	Amount of Each Disbursement this Pe	riod
Joseph D. Courtney		Category/ Type	1000.0	00
	Disbursement For: 2016	турс	[MEMO ITEM]	
Senate	Primary General		[MEMO ITEM]	
President	Other (specify) ▼			
State: CT District: 02				
Full Name (Last, First, Middle Initial)				
C. Mike Crapo for US Senate			Date of Disbursement	
Mailing Address PO Box 1948			08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	7
Mailing Address FO Box 1946			00 07 2010	_
City	State Zip Code		Transaction ID : 86661D5A0ACDC2	625EC
Boise	ID 83701		Transaction in . 0000 in SAUACHCZ	UZJEC
Purpose of Disbursement 2016 Primary		011		
Candidate Name			Amount of Each Disbursement this Pe	riod
Michael Dean Crapo		Category/ Type	5000.0)0
	Disbursement For: 2016	.,,,,		
Senate	Y Primary General			
President	Other (specify) ▼			
State: ID District:				
			5500.0	10
SUBTOTAL of Disbursements This Page (or	otional)	·····•	3300.0	· ·
TOTAL This Period (last page this line number	per only)			
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans I	PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial)			
A. Patriots Leading a Majority			Date of Disbursement
Mailing Address 50 S Providence Road			08 07 2015
City Media	State Zip Code PA 19063		Transaction ID: 7DA95C73A90F376868F
Purpose of Disbursement 2015 Contribution	19003	011	Amount of Fook Diskursons at this Davied
Candidate Name		O11	Amount of Each Disbursement this Period
Patriots Leading a Majority		Category/ Type	1500.00
Senate President	nent For: 2015 Primary General Other (specify)		
State: District:	Contribution		
Full Name (Last, First, Middle Initial) B. Poliquin for Congress			Date of Disbursement
Mailing Address PO Box 50			08 07 2015
Oakland	State Zip Code ME 04963		Transaction ID: 70E49F6F6B7DA451FF2
Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this Period
Candidate Name Bruce Lee Poliquin		Category/ Type	500.00
Office Sought: House Disburser	nent For: 2016 Primary General Other (specify)	7,7,0	
Full Name (Last, First, Middle Initial) C. Vern Buchanan for Congress			Date of Disbursement
Mailing Address PO Box 48928			08 07 2015
City Sarasota	State Zip Code FL 34230		Transaction ID : 31923F62A7369B02BA9
Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this Period
Candidate Name Vernon Gale Buchanan		Category/ Type	1500.00
Office Sought: House Disburser	ment For: 2016 Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			3500.00

Mailing Address One Park Row 5th Floor City State Zip Code RI 02903 Purpose of Disbursement 2015 Contribution Candidate Name Victory by Investing Building and Empowering (VIBE) PAC Type Office Sought: House Disbursement For: 2015 Senate Primary General Primary General Contribution Full Name (Last, First, Middle Initial) B. Yoder for Congress, Inc Mailing Address PO Box 26742 Transaction ID: DF1F4E8F45820 Amount of Each Disbursement this Category/ Type Transaction ID: DF1F4E8F45820 Amount of Each Disbursement this Category/ Type Other (specify) ▼ Contribution Date of Disbursement Mailing Address PO Box 26742 Transaction ID: EB5E66996F1B Transaction ID: DF1F4E8F45820 Amount of Each Disbursement this Category/ Type Transaction ID: EB5E66996F1B Amount of Each Disbursement this Category/ Type Transaction ID: EB5E66996F1B Amount of Each Disbursement this Category/ Type Transaction ID: EB5E66996F1B Amount of Each Disbursement this Category/ Type Transaction ID: EB5E66996F1B Transaction ID: EB5E66996F1B Amount of Each Disbursement this Category/ Type Tother (specify) ▼ Tother (specify) ▼ Transaction ID: DF1F4E8F45820 Transaction ID: DF	BE700A Period 0.00
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contrib or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such comm NAME OF COMMITTEE (in Full) AME OF COMMITTEE (in Full) AMED OF COMMITTEE (in Full) Bate of Disbursement Date of Disbursement Date of Disbursement this Category/ Type Date of Disbursement this Category/ Type Date of Disbursement Amount of Each Disbursement Date of D	BE700A Period 0.00
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such common NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) A. Victory by Investing Building and Empowering (VIBE) PAC Mailling Address One Park Row 5th Floor City State Zip Code Providence RI 02903 Purpose of Disbursement 2015 Contribution Candidate Name Victory by Investing Building and Empowering (VIBE) PAC Type Office Sought: House Disbursement For: 2015 Senate Primary General President State: District: Full Name (Last, First, Middle Initial) B. Yoder for Congress, Inc Mailling Address PO Box 26742 City Overland Park KS 66225-6742 Purpose of Disbursement Category/ Type Other (specify) ▼ Transaction ID: DF1F4E8F45820 Amount of Each Disbursement Date of Disbursement Transaction ID: EB5E66996F1B Amount of Each Disbursement this Category/ Type Other (specify) ▼ Transaction ID: EB5E66996F1B Amount of Each Disbursement this Category/ Type Office Sought: House Primary General Primary General Primary General President President Primary General Primary General Primary General Primary General President President President President Primary General President President President Primary General President President President President Primary General President President President Primary General President Presi	BE700A Period 0.00
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) A. Victory by Investing Building and Empowering (VIBE) PAC Mailing Address One Park Row 5th Floor City State Zip Code RI 02903 Purpose of Disbursement 2015 Contribution Candidate Name (Victory by Investing Building and Empowering (VIBE) PAC Type Office Sought: House President President State: District: Contribution Full Name (Last, First, Middle Initial) B. Yoder for Congress, Inc Mailing Address PO Box 26742 City Overland Park KS 66225-6742 Purpose of Disbursement 2016 Firmary Candidate Name Kevin Wayne Yoder Office Sought: House State Zip Code Condidate Name Kevin Wayne Yoder Office Sought: House State Zip Code Category/ Type Other (specify) Category/ Type	BE700A Period 0.00
Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) A. Victory by Investing Building and Empowering (VIBE) PAC Mailling Address One Park Row 5th Floor City State Zip Code Providence RI 02903 Purpose of Disbursement 2015 Contribution Candidate Name Victory by Investing Building and Empowering (VIBE) PAC Transaction ID: DF1F4E8F45820 Office Sought: House Primary General	BE700A Period 0.00
Full Name (Last, First, Middle Initial) A. Victory by Investing Building and Empowering (VIBE) PAC Mailing Address One Park Row 5th Floor City State Zip Code Providence RI 02903 Purpose of Disbursement 2015 Contribution Candidate Name Victory by Investing Building and Empowering (VIBE) PAC Type Office Sought: House President Primary General President State: District: Contribution Full Name (Last, First, Middle Initial) B. Yoder for Congress, Inc Mailing Address PO Box 26742 City Overland Park KS 66225-6742 Purpose of Disbursement 2016 Primary Candidate Name Kevin Wayne Yoder Office Sought: House Senate Primary General Primary General Category/ Type Office Sought: House Senate Primary General Category/ Type Office Sought: Primary General Primary General Other (specify) Type Office Sought: Primary General Other (specify) Type	BE700A Period 0.00
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